

4. HEART DISEASE FROM THE VIEWPOINT OF THE OBSTETRICIAN

NICHOLSON J. EASTMAN

There is general agreement that cases of heart disease in pregnancy are best handled by the obstetrician and cardiologist in close cooperation. The chief responsibility of the cardiologist is to establish the diagnosis of rheumatic heart disease and to estimate the functional capacity of the heart. The latter is best expressed in terms of the classification of the New York Heart Association. To the obstetrician it now falls to adjust the work imposed by pregnancy and labor in such a manner that it can be easily accomplished by the cardiac force at hand. As a result of the increase in cardiac output which occurs in pregnancy, the heart is obliged to perform on an average 50 per cent more work than it did in the pre-gravid state. The work in labor varies with certain obstetrical factors, notably parity, and if need be can be reduced to a minimum by operative delivery, that is by forceps delivery; and if the cardiac reserve be very low, by caesarean section. The successful handling of these cases necessitates adequate rest during pregnancy, avoidance of upper respiratory infections, recognition of early signs of heart failure, and punctilious care during labor.

5. HYPERTENSION, CHRONIC NEPHRITIS AND THE TOXEMIAS OF PREGNANCY

From the Viewpoint of the Internist

ALVIN J. B. TILLMAN

A comparison of the clinical courses of essential hypertension, chronic nephritis, and toxemia of pregnancy is made. The pathology of all three disturbances is compared. The course, extending over many years, of patients who have had toxemia of pregnancy is illustrated. This is contrasted with the course of essential hypertension. The pathological lesions of the former in the follow-up period are shown to be identical with the latter. As a result, it is urged that the term chronic nephritis be used very carefully in reference to the cases of post-toxemia of pregnancy. It is also suggested that the main lesion is arteriolar sclerosis.

6. HYPERTENSION, CHRONIC NEPHRITIS AND THE TOXEMIAS OF PREGNANCY

From the Viewpoint of the Obstetrician

R. GORDON DOUGLAS

In 11,336 consecutive patients seen in The New York Lying-in Hospital, there were 1299 instances of toxemia, an incidence of 11.47